



ASMC MEMBERSHIP

INDIVIDUAL APPLICATION

MEMBERSHIP STATUS

New Member Membership Renewal Member ID: _____

PERSONAL INFORMATION

First Name : Middle Initial :

Last Name : Nickname :

Mailing Address :

City : State : Zip :

Phone (Work) : Phone (Mobile) :

E-Mail :

DSN : Designations :

Chapter : DOB :

Gender : M F Non-Binary Other

PROFESSIONAL INFORMATION

Employer : AR NV AF MC CG OSD DFAS Other

Rank/Grade : Job Series :

Education Level :

Field : Accounting/ Finance Acquisition Administrative Support Auditing
 Budgeting Information Comptroller Cost Analysis Financial Management
 Management Management Analysis Program Analysis
 Manpower Management Resource Management Other

Duty Station :



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MEMBERSHIP TYPE

- Membership Dues : One Year- \$50 Three Years- \$120
- Method of Payment : Check or Money Order Enclosed (Payable in US Dollars to ASMC)
- Credit Card- **Please call ASMC Office to pay by phone 703-549-0360**

I hereby apply for membership in ASMC and enclose payment for membership dues (the annual subscription to the Armed Forces Comptroller is included in the one-year and three-year fee).
 Membership is non-transferable and non-refundable

Applicant Signature _____ Date _____

I was recruited by _____ Recruiter Mbr. No. _____

SUBMISSION DETAILS

Please consider using the online membership application ([link: https://asmconline.org/membership/join-login/](https://asmconline.org/membership/join-login/)) to immediately activate your ASMC membership.

MAIL APPLICATION:

ASMC National Headquarters
 415 N. Alfred Street, Ste 300
 Alexandria, VA 22314

EMAIL APPLICATION:

membership@asmconline.org